

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO. 10/581671
FILING DATE
APPLICATION

CLAIMS

	AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT			AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAMS													